## **VOLUNTARY REMEDIATION APPLICATION FORM**

## Voluntary Remediation Program Louisiana Department Of Environmental Quality

## I. APPLICANT INFORMATION

Α.	Аp	plicant	
	1.	Name/Company Name	
	2.	Mailing Address	
		P.O. Box or No. & Street	
		City	
		State	
		Zip Code	
	3.	Contact Person	
		Phone	
		Fax	
		Email	
	4.	Interest in Property	
В.	Co	o-Applicant	
В.		o-Applicant Name/Company Name	
В.	1.		
B.	1.	Name/Company Name	
В.	1.	Name/Company Name Mailing Address	
В.	1.	Name/Company Name Mailing Address P.O. Box or No. & Street	
В.	1.	Name/Company Name Mailing Address P.O. Box or No. & Street City	
B.	1.	Name/Company Name Mailing Address P.O. Box or No. & Street City State	
B.	1.	Name/Company Name Mailing Address P.O. Box or No. & Street City State Zip Code	
B.	1.	Name/Company Name Mailing Address P.O. Box or No. & Street City State Zip Code Contact Person	
B.	1.	Name/Company Name Mailing Address P.O. Box or No. & Street City State Zip Code Contact Person Phone	

Co-Applicant Co-Applicant				
1.	Name/Company Name			
2.	Mailing Address			
	P.O. Box or No. & Street			
	City			
	State			
	Zip Code			
3.	Contact Person			
	Phone			
	Fax			
	Email			
4.	Interest in Property	_		
	Interest in Property  urrent Property Owner (if different f	rom applicants)		
Сι		rom applicants)		
<b>C</b> ι 1.	urrent Property Owner (if different f	rom applicants)		
<b>C</b> ι 1.	urrent Property Owner (if different f Name/Company Name	rom applicants)		
<b>C</b> ι 1.	urrent Property Owner (if different f Name/Company Name Mailing Address	rom applicants)		
<b>C</b> ι 1.	urrent Property Owner (if different f Name/Company Name Mailing Address P.O. Box or No. & Street	rom applicants)		
<b>C</b> ι 1.	Arrent Property Owner (if different for Name/Company Name Mailing Address P.O. Box or No. & Street City	rom applicants)		
<b>C</b> u 1. 2.	Arrent Property Owner (if different for Name/Company Name Mailing Address P.O. Box or No. & Street City State	rom applicants)		
<b>C</b> u 1. 2.	Arrent Property Owner (if different for Name/Company Name Mailing Address P.O. Box or No. & Street City State Zip Code	rom applicants)		
<b>C</b> u 1. 2.	Arrent Property Owner (if different for Name/Company Name Mailing Address P.O. Box or No. & Street City State Zip Code Contact Person	rom applicants)		
	<ol> <li>2.</li> <li>3.</li> </ol>	City State Zip Code 3. Contact Person Phone Fax		

II. SHE INFORMATION
A. Agency Interest Number (if exists)
B. Site Name
C. Parish
D. Property Size (acres):
E. Physical Address or Direction and Distance from Nearest Intersection
F. Latitude/Longitude:
G. Section/Township/Range (attach legal property description)
H. Adjacent Property Owners (persons listed as owners of the adjacent properties on the rolls of the parish tax assessor as of the date on which the voluntary remediation application is submitted)
I. Current Property Use (Describe in detail. Use percentages if more than one use.)
J. Past (historical) Property Use (Describe in detail.)
K. Future Property Use (Describe in detail. Use percentages if more than one use.)

L. Current Land Use Surrounding Property					
M. Contaminant Type(s) and Affected Media					
Applicant(s) must also attach to this form all available historical asses information available for the site, including Phase 1 and 2 Assessment		n			
III. ELIGIBILITY INFORMATION					
A. Permitted Hazardous Waste Unit(s) on site?	Yes	No			
B. Site Proposed for Listing on the NPL?	Yes	No			
C. Site Listed on the NPL?	Yes	No			
D. Any Pending Federal Environmental Enforcement Actions Associated with the Site?	Yes	No			
If yes, explain					
E. Any portion of site UST Trust Fund Eligible?	Yes	No			
If yes, explain					
IV. Type of Voluntary Remedial Action Prop	osed				
Voluntary Remedial Action					
Partial Voluntary Remedial Action					
If Partial Valuntary Pamadial Action is checked, the applica	ant and as applicants m	ust sook			

If Partial Voluntary Remedial Action is checked, the applicant and co-applicants must each complete and attach a Partial Remedial Action Supplemental Application Form.

## V. CERTIFICATION

All applicants <u>must</u> certify the following with their signature below:

I (we) certify that all of the information I (we) have provided in this Voluntary Remediation Application is true and correct to the best of my information, knowledge, and belief. I (we) understand and agree that I (we) am obligated to update and modify this application if I (we) learn that information that I (we) have provided is misleading or no longer correct. I (we) further certify that I (we) understand I (we) am responsible for and agree to reimburse the Louisiana Department of Environmental Quality for all actual direct costs associated with reasonable and appropriate oversight activities of the Department conducted pursuant to LAC 33:VI.Chapter 9, including, but not limited to, review, supervision, investigation, and monitoring activities.

Primary Applicant Signature/Date	
Co-Applicant Signature/Date	
Co-Applicant Signature/Date	

THE VOLUNTARY REMEDIAL ACTION PLAN FOR THIS SITE AND THE APPLICATION REVIEW FEE MUST BE INCLUDED WITH THIS VOLUNTARY REMEDIATION APPLICATION FORM, AS PROVIDED IN LAC 33:VI.911.B, OR THIS VOLUNTARY REMEDIATION APPLICATION WILL BE CONSIDERED INCOMPLETE AND NOT BE ACCEPTED FOR REVIEW.